

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7454</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>C</u> <u>Machado</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>4154 Hardy St.</u> City <u>Lihue</u> State <u>Hawaii</u> ZIP Code + 4 <u>96766-0313</u>	4. Name, file number, and address of labor organization. Name <u>ILWU Local 142</u> Labor Organization File Number <u>016-952</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>451 Atkinson Drive</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96814</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On

8-8-05

Date

(808) 245-3374

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ILWU (Hawaii) Employers General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1221 Kapiolani Blvd., Suite #900

City Honolulu

State Hawaii ZIP Code + 4 96814

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ILWU (Hawaii) Employers General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1221 Kapiolani Blvd., Suite #900

City Honolulu

State Hawaii ZIP Code + 4 96814

11.a. Nature of such dealing.

The Employers General Pension Plan is a defined benefit multi-employer pension plan providing pension benefits for employees who are represented by ILWU Local 142 and is therefore a trust in which the ILWU Local 142 is interested Per DOL guidelines, It is also a business that needs to be reported on my LM-30

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

The income received consists of expense reimbursements attributable to travel expenses incurred while attending Trustee Meetings or Trustee Educational Conferences.

12.b. Amount.

(see attached)

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Attachment to
FORM LM-30
Labor Organization Officer and Employee Report
Michael Machado
Ending Date of Report: December 31, 2004

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended LM-30.

1. June 13-16, 2004-Trustee & Administrators Institute Conference at Lake Tahoe, Nevada:

a.	Airfare-----	\$681.00
b.	Hotel & Misc.(meals/tips/etc.)-----	\$857.00
c.	Conference Registration fee-----	\$855.00

Total- - - - - \$2,393.00

2. November 30-December 4, 2004-50th Annual Employee Benefits Conference at New Orleans, Louisiana:

a.	Airfare-----	\$892.00
b.	Hotel & Misc.(meals/tips/etc.)-----	\$1,400.00
c.	Conference Registration fee-----	\$960.00

Total- - - - - \$3,252.00